

Secretary of State Statement of Information 133

(California Stock, Agricultural Cooperative and Foreign Corporations)



SI-550

IMPORTANT -- Read instructions before completing this form.

Fees (Filing plus Disclosure) - \$25.00;

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

FILED Secretary of State

JUL 2 4 2019

State of California

| /NF/Pc This Space For Office Use Only

C3480679

2. 7-Digit Secretary of State File Number Segment.io, Inc.

3. Business Addresses a. Street Address of Principal Executive Office - Do not list a P.O. Box City (no abbreviations) Zip Code SAN FRANCISCO CA94111 100 CALIFORNIA ST STE 700 b. Mailing Address of Corporation, If different than Item 3a City (no abbreviations) State Zip Code Zip Code c. Street Address of Principal California Office, If any and if different than item 3a - Do not list a P.O. Box City (no abbreviations) State The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief 4. Officers Financial Officer may be added; however, the preprinted titles on this form must not be altered. First Name a. Chief Executive Officer/ Middle Name KRISTIAN Suffix Last Name REINHARDT **PETER** City (no abbreviations) Zin Code Address State 182 HOWARD STREET, UNIT 150 CA 94105 SAN FRANCISCO Last Name b. Secretary First Name Middle Name Suffix DAVID VOLODARSKY ILYA City (no abbreviations) Zip Code State 4475 23RD STREET, APT 1 94114 SAN FRANCISCO CA c. Chief Financial Officer/ Middle Name First Name Last Name Suffix FRENCH-OWEN CALVIN JAMES City (no abbreviations State Zip Code 94117 305 WEBSTER STREET SAN FRANCISCO California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the 5. Director(s) Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions). a. First Name Middle Name Last Name Suffix Address City (no abbreviations) State Zip Code b. Number of Vacancies on the Board of Directors, if any 6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address. a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name Suffix b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) State Zip Code CA CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b Registered Agent Solutions, Inc. (239 2069

7. Type of Business

Describe the type of business or services of the Corporation DATA PROCESSING, HOSTING AND RELATED SERVICES

٥.	The information contained her	ein, including in any	y anacnments, is i	rue and correct.

07	/1	9/	2(ว1	9

Sandra Smith

AUTHORIZED PERSON

Title

Date

Type or Print Name of Person Completing the Form

Signature